

(SAMPLE - Use of This Form Is Not Required)

Homestead and Beneficiary Associations (HBA) List Registration Document Provided for the Convenience of HBA

**Organization Name (optional – please translate any Hawaiian names to English as best as possible) ‘ĀāĒēĪōōŪū			
** Your organization is a (please check the appropriate box): →		<input type="checkbox"/> Homestead Association	<input type="checkbox"/> HHCA Beneficiary Association
**Mailing Address (P.O. Box, Street, City, State, Zip Code)			
**Electronic Mail Address to be listed	Telephone Number to be listed	World Wide Web address to be listed	Year Association founded
**Please summarize the services your organization provides:			
** For Homestead Associations: Please provide a description of the territory or geographic area your organization represents		** For HHCA Beneficiary Associations: Please provide a description of the beneficiaries your organization represents	
**Please attach to this form a statement of your organization’s governing procedures and check the box for completion: → <input type="checkbox"/> Documents attached (e.g., a copy of your organization’s charter or other governing documents)			
**Please check the appropriate box below and sign and date the accompanying statement certifying that your organization is a Homestead Association or HHCA Beneficiary Association, and giving the U.S. Department of the Interior Office of Native Hawaiian Relations permission to list the information above and post it for public access on the Office’s website.			
<input type="checkbox"/> Homestead Association: I/we the undersigned certify that I/we are the governing body for the organization listed above and that our organization is: controlled by HHCA beneficiaries; represents and serves the interests of its homestead community; and has as a stated primary purpose the representation of, and provision of services to, its homestead community.		<input type="checkbox"/> HHCA Beneficiary Association: I/we the undersigned certify that I/we are the governing body for the organization listed above and that our organization is: controlled by beneficiaries who submitted an application to the State of Hawai‘i Department of Hawaiian Home Lands for a homestead and are awaiting the assignment of a homestead; represents and serves the interests of those beneficiaries; and has as a stated primary purpose the representation of, and provision of services to, those beneficiaries.	
Signature _____	Printed Name and Title _____	Date _____	
Signature _____	Printed Name and Title _____	Date _____	
Signature _____	Printed Name and Title _____	Date _____	
(if more signature lines are needed, please continue on the back of this page)			

****Denotes required field.** All others are optional.

To register, complete and send this form and additional required information to the U.S. Department of the Interior, Office of Native Hawaiian Relations, 1849 C Street NW. MS 3561, Washington, DC 20240, or PO Box 50165, Honolulu, HI 96850. If you have any questions, please call (808) 541-2693, ext. 723.